POINT-OF-CARE HIV TESTING OF HOMELESS VETERANS

Background and purpose

Homeless veterans are a difficult-to-reach population who may be mistrustful of care in traditional medical settings, often do not follow up with future appointments, and are at high risk for infection with HIV. The Homeless Stand Down, a health care outreach program in which primary and secondary preventive care is offered in the community is one way in which VA has been successful in reaching members of this population. Denver hosts a well-attended Homeless Veteran Stand Down annually in November.

In the past, technical problems associated with decisions to not draw blood at the Stand Down (transportation, what tests would be offered and when, provision of adequate washing in the unlikely event of a needle-stick, sharps disposal) precluded lab testing to identify homeless veterans who are infected with HIV. However, the availability of a new HIV test offered an opportunity to address this important health care need. The OraQuick test uses blood obtained from a finger stick, on site development and interpretation, and results within 20 minutes; this allows providers to conduct HIV counseling, obtain samples, and offer test results away from the Medical Center. The objective of this project was to incorporate new HIV testing strategies for homeless veterans outside of the traditional care setting, to determine:

- if this identified new individuals with HIV who could then be referred for treatment,
- whether homeless veterans would accept this type of testing.

Methods and program

VA Central Office funded this project through a competitive small-grant. The plan utilized an approach in which outreach, education, informed consent and HIV testing via OraQuick were combined; the implementation was completed at the 2003 Homeless Stand Down. Outreach was provided by staff organizing the Stand Down, primarily via fliers advertising the elements of the event, which were posted in downtown Denver near locations where homeless persons are known to congregate. The fliers mentioned that HIV testing would be offered along with the traditional services at this event. On the day of the Stand Down, additional fliers with specifics about the HIV testing were distributed around the hall where the Stand Down was held, and a large sign was displayed outside the testing room.

Veterans were not sought out for testing, but presented to the tester, either of their own accord or in response to a recommendation of someone providing other services at the Stand Down. Informed, voluntary, written consent was obtained, and the OraQuick sample was collected and tested individually in a private anteroom adjacent to the hall where the other Stand Down activities were held. Persons waiting to be counseled were instructed to wait outside the room. Results were available for veterans the same day, and persons were instructed to return after 20 minutes for the results of their tests, which were given according to the same individual privacy protocol as with the informed consent process. A single nurse practitioner did all the counseling, testing and giving of test results. Positive results require confirmatory Western Blot testing and a venipuncture blood sample would have been drawn, and brought to the VA hospital lab; this information was included on the consent form. Those with positive results would have had to make an appointment for the results of this confirmatory test in about two weeks. Another nurse was available to draw these samples should confirmatory testing be needed.

Results and Implications

Fourteen veterans were tested, all of whom had negative HIV tests. All fourteen returned to the provider after the 20-minute interval to receive their results. Since none were found to be positive, no confirmatory tests were drawn; however, studies have indicated that persons who have been informed of potentially positive tests are more likely to return for the results of confirmatory testing.

Although I had anticipated that the program would identify new HIV infections, this was not the case. However, fourteen homeless individuals were provided with information about HIV transmission, and how to protect themselves from becoming infected. The feedback I received at the time of the testing from those tested indicated that they thought this was an excellent program. Several who did not get tested mentioned that they would have come for testing if they had known sooner in the day. Organizers of the Stand Down also gave positive feedback and requested that we repeat the program the following year.

Fewer veterans took advantage of this testing than had been anticipated; however, the extensive amount of time required for counseling, sample collection, performance of the test and provision of results limited the number which could have been accommodated in one day by only one provider. Advertising was difficult since homeless persons are by nature not a captive audience, and many are very mobile. Although the posters used to advertise the Stand Down mentioned HIV testing, a different strategy is going to be tried in an attempt to increase participation: in 2004, Stand Down staff will make announcements that same day HIV testing will be available, on the busses which bring veterans to the event; perhaps this will result in greater access.

Future implementation will require additional planning to manage larger numbers of patients. In 2004 a second nurse will be available for counseling/testing and providing results, which would enable the providers to double the number of those who can be tested. This person will need to be skilled in the HIV counseling process, and will be required to demonstrate competency in performing the OraQuick test to quality assurance personnel.

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